

My Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

I am the ☐ Plaintiff  
☐ Defendant  
☐ Attorney for the ☐ Plaintiff ☐ Defendant and my Utah Bar number is  
\_\_\_\_\_

---

JUSTICE COURT OF DAVIS COUNTY

800 West State Street, Courtroom 2  
PO Box 618, Farmington, Utah 84025  
Phone: 801-451-4488

---

Plaintiff

v.

---

Defendant

And

---

Defendant

**Motion to Enforce Settlement  
Agreement**

Case Number \_\_\_\_\_

Judge Jerald L. Jensen

---

**Instructions:** Attach the following:

- ☐ Continuation pages (If any, completing paragraphs that don't have enough space. Write the paragraph number on the continuation page.)
- ☐ Copy of the Settlement Agreement
- ☐ Notice of Hearing
- ☐ Proposed Findings of Fact, Conclusions of Law, and Order

☐ By and through my attorney, (Attorney, check here if you are appearing for your client.)

I say as follows:

(1) To settle this case, \_\_\_\_\_ (name) agreed to pay  
me a total of \$ \_\_\_\_\_ on the following schedule:

Amount:	Due on:	Amount:	Due on:	Amount:	Due on:
\$		\$		\$	
\$		\$		\$	
\$		\$		\$	
\$		\$		\$	
\$		\$		\$	

(2) \_\_\_\_\_ (name) has paid me only \$\_\_\_\_\_ and the deadline for payment have passed. The balance is now due.

(3) \_\_\_\_\_ (name) still owes me:

\$\_\_\_\_\_ Balance not paid

\$\_\_\_\_\_ Cost of this proceeding

\$\_\_\_\_\_ Total

(4) \_\_\_\_\_ (name) has failed to comply with the terms of the Settlement Agreement, and I request that the court enter judgment for the amount claimed plus post-judgment interest.

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Motion to Enforce Settlement Agreement, Notice of Hearing and proposed Findings of Fact, Conclusions of Law, Order and Judgment on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_